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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 110600002	CI	TY OR TOWN	SHELBUR	NE
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: WESTERN MA. ROD & G	UN CLUB, INC	C.		
DOING BUSINESS A				
ADDRESS 11 BRIDGE ST.				
CITY/TOWN: SHELBURNE STA	TE: MA	ZIP CODE:	01370	
MANAGER: Valiton, Peter J. TYPE OF LI	CENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
FOUR ROOMS ON SECOND FLOOR IN TWO S AND EXIT BY FIRE ESCAPE	TORY BLDG.	ENTRANCE BY	Y STAIRS IN	N FRONT
I hereby certify and swear under penalties of perjur	y that:			
1. the renewed license will be of the same	type for the sar	ne premises now	licensed;	
2. the licensee has complied with all laws	of the Common	wealth relating to	taxes; and	
3. the premises are now open for business	(If not explain	below)		
SIGNED BY:				
Individual, Partner or Author	rized Corporate	e Officer		
DATE: TELEPHONE NUME	BER:			ION NUMBER:
		(Note: NOT Indi	ividual Social So	ecurity Number)
We the undersigned, attest that we are in posse	ssion (1) the ce	ertificate require	ed by Chapte	er 304 of the
Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability				
•	_	_		
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:	1	Зу:		
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	110600005		CI	II Y OK TOW	N SHELDUR	INE
APPLICATION FOR	RENEWAL:	Annual		LICI	ENSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME:	VETS CLUB OF S	HELBURNE F	ALLS, I	NC.		
DOING BUSINESS A	Λ					
ADDRESS 10 WATE	ER ST.					
CITY/TOWN: SHEI	LBURNE	STATE:	MA	ZIP CODE:	01370	
MANAGER: LUED	DERS, GREG TYI	PE OF LICENSI	E:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAII	ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:				
THREE ROOMS IN A	A ONE STORY BL	DG. ENTRANC	CES ANI	D EXITS ON	WATER ST	
I hereby certify and sv	vear under penalties	of perjury that:				
1. the renewe	d license will be of	the same type for	r the sar	ne premises n	ow licensed;	
2. the license	e has complied with	all laws of the C	Common	wealth relatin	g to taxes; and	
3. the premise	es are now open for	business (If not	explain	below)		
SIGNED BY:						
	Individual, Partner	or Authorized (Corporat	e Officer		
DATE:	TELEPHON	E NUMBER:		EMPLO'	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT	Individual Social S	Security Number)
			4) (3			204 6.7
We the undersigned Acts of 2004, signed						
license and (2) the co	•	-		_		
Please Check Below:]	LOCAL LICE	NSING AUTH	ORITY
APPROVED:]	Ву:		
DISAPPROVED:						
(If disapproved explain	n)			-		
D + 1777						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 110	600007		CITY OR TOWN	SHELBUR	NE
APPLICATION FOR RE	NEWAL:	Annual LICENSED FOR 2013)13
		CLASS			YEAR
LICENSEE NAME: DA	VENPORT JOSEI	PH & SYLVIA			
DOING BUSINESS A D	AVENPORT'S SE	RVICE STATIO	N		
ADDRESS 269 MOHAW	K TRAIL RTE 2				
CITY/TOWN: SHELBU	RNE	STATE: MA	ZIP CODE:	01370	
MANAGER:	TYPE	OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSI	TE AND ENTER YOUR F	MAIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISES	S:			
THREE ROOMS, MAIN CELLAR, ALL ONE FLO			AND REAR STORA	GE ROOM. 1	NO
3. the premises ar	e now open for bus	siness (If not expl			
DATE:	TELEPHONE I	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 110600008		CITY OR TOWN	SHELBURNE
APPLICATION FOR	APPLICATION FOR RENEWAL: Annual LICENS		SED FOR 2013	
		CLASS		YEAR
LICENSEE NAME:	R & B LEAN,IN	C.		
DOING BUSINESS	A GOOD SPIRIT	S LIQUOR SHOPPE		
ADDRESS 6 WATE	ER ST &			
CITY/TOWN: SHE	ELBURNE	STATE: MA	ZIP CODE:	01370
MANAGER: LEA DAR	N, T AVUTHY	YPE OF LICENSE:P	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	IISES:		
			THREE ROOM ON TO ORAGE, IN A THREE	FIRST FLOOR, ONE E STORY BLDG
	ses are now open for	or business (If not experted or Authorized Cor		o taxes; and
	marviduai, r arui	lei of Authorized Cor	porate Officer	
DATE:	TELEPHO	ONE NUMBER:		LIDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:				ING AUTHORITY
DISAPPROVED:			By:	
(If disapproved expla	ain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 110600009		CITY OR TOV	VN SHELDUK	NE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 042-44 B	A KEYSTONE M	MARKET	ET		
CITY/TOWN: SHE		STATE: MA	ZIP CODE	: 01370	
MANAGER: PATE		YPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF I		R WEBSITE AND ENTER YOUR #ISES:	EMAIL ADDRESS		
	ORAGE AND A I		I IS USED FOR S	TORAGE. THE	RE IS A
2. the license 3. the premis	e has complied w	of the same type for the conformal laws of the Conformal laws (If not exp	nmonwealth relation		
SIGNED BY:	Individual, Partr	ner or Authorized Corp	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 110600011		CITY OR TOWN SHI	ELDUKNE
APPLICATION FOR RENEWAL:	LICENSED 1	FOR 2013	
	CLASS		YEAR
LICENSEE NAME: SHELBURN	IE FALLS BOWLING ALL	EY, LLC	
DOING BUSINESS A			
ADDRESS MEMORIAL DRIVE			
CITY/TOWN: SHELBURNE	STATE: MA	ZIP CODE: 013	370
MANAGER: GAULIN, JOANN		neral on CATEO mise	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	1AIL ADDRESS	
DESCRIPTION OF LICENSED P			
TWO STORY WOOD FRAMED I CELLAR. 85% OF THE FIRST F			ARTIAL
3. the premises are now op	ed with all laws of the Common for business (If not explanation) Partner or Authorized Corporation	ain below)	es; and
DATE			
DATE: TELE	PHONE NUMBER:		TIFICATION NUMBER: 1 Social Security Number)
We the undersigned, attest that vacts of 2004, signed by the build license and (2) the certificate of I	ing inspector and the head	l of the fire department	for the above named
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disupproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBEK: 110600014		CITY OR TOWN SHELBUI	KINE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	ME: THE BAKER'S	S OVEN INC.		
DOING BUSIN	ESS A			
ADDRESS 24 E	BRIDGE STREET			
CITY/TOWN:	SHELBURNE	STATE: MA	ZIP CODE: 01370	
	MOJALLALI, DANIEL	TYPE OF LICENSE:Re	estaurant CATEGORY:	: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	EMISES:		
	ROOM AND KITCHI EAS N REAREXIT		OORRESTROOM IN REAR	.TWO
I hereby certify a	and swear under pena	lties of perjury that:		
1. the re	enewed license will be	e of the same type for the	e same premises now licensed;	
2. the li	censee has complied	with all laws of the Com	monwealth relating to taxes; and	
3. the p	remises are now open	for business (If not exp	lain below)	
SIGNED BY:				
5101(25 51)	Individual, Par	rtner or Authorized Corp	oorate Officer	
DATE:	TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		IOI (E I (OI)IBEI	(Note: NOT Individual Social	Security Number)
			he certificate required by Chap nd of the fire department for the	
			required by Chapter 116 of the	
Please Check Below	_	·	LOCAL LICENSING AUTH	
APPROVED:			By:	IORIT I
DISAPPROVEI	D:		Dy.	
(If disapproved	explain)			
DATE:				
APPLICATION FOR R	RENEWAL MUST BE FILED	BY LICENSEES DURING THE I	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	10600018		CITY OR TOWN	SHELBUR	NE
APPLICATION FOR R	ENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: P DOING BUSINESS A			CONVENIENCE		
ADDRESS 1105 MOH	AWK TRAIL				
CITY/TOWN: SHELF	BURNE	STATE: MA	ZIP CODE:	01370	
MANAGER: MINER	, PAMELA TYP	PE OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICONE UNIT AT ARROYEXIT.	CENSED PREMIS	CONSISTING OF 8	00 S/F. FRONT ENT	ΓRANCE AN	ND SIDE
2. the licensee 3. the premises SIGNED BY:	license will be of that complied with are now open for	the same type for the			
	,				
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 110600019		CITY OR TOW	N SHELBUR	INE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: DONALD C.MC L	AUGHLIN			
DOING BUSINESS	S A VILLAGE REST.	AURANT			
ADDRESS 43 BRII	DGE ST.				
CITY/TOWN: SH	ELBURNE	STATE: MA	ZIP CODE:	01370	
	LAUGHLIN TYF NALD C.	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
2. the licen	wed license will be of see has complied with sises are now open for	all laws of the Com	monwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEDIAN	E MUMBED.	FMPI OV	ER IDENTIFICAT	TION NUMBER:
2112.	TELEPHON	E NUMBER:		Individual Social S	
Acts of 2004, signe	ed, attest that we are ed by the building ins certificate of liquor	spector and the hea	d of the fire depar	rtment for the	above named
Please Check Below:	1		LOCAL LICEN	NSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	Lain)				
r	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 110600020		CITY OR TOWN	SHELBURI	NE
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 65 Bridg	A Gypsy Apples	CLASS			TEAK
CITY/TOWN: SHE	LBURNE	STATE: MA	ZIP CODE:	01370	
MANAGER: Wesc Mich	cott, TYPl aelangelo	E OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI		MAIL ADDRESS		
	LICENSED PREMISM with one entrance and		etroom in roor with	o emall natio	off roor
exit. Storage in baser		exit. Kitchen and re	stroom m rear with	a sman pano	on rear
	ee has complied with a ses are now open for b	ousiness (If not expla	nin below)		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Acts of 2004, signed	d, attest that we are i d by the building insp certificate of liquor li	pector and the head	l of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 110600021		CITY OR TOWN SI	HELBURNE
APPLICATION FO	OR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: CHRISTOPHER	A. RAMIREZ		
DOING BUSINES	S A BLUE ROCK F	RESTAURANT & BAI	R	
ADDRESS 10 BR	IDGE STREET			
CITY/TOWN: SH	HELBURNE	STATE: MA	ZIP CODE: 0	1370
MANAGER: RA	MIREZ, TY	YPE OF LICENSE:Re	staurant CATE	EGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION O	F LICENSED PREM	IISES:		
STAIRCASE DPE ROOM (10 SEAT	M OMTP DOMOMO	G RPP,.PME BATHRO EAR OF FIRST FLOO	DING FRONT ENTRAI DOM, BAR IN BACK (R, TWO REAR EXITS	OF DINING
I hereby certify and	d swear under penalti	es of perjury that:		
1. the rene	ewed license will be o	of the same type for the	same premises now lice	ensed;
2. the licer	nsee has complied wi	th all laws of the Com	nonwealth relating to ta	xes; and
3. the prer	nises are now open for	or business (If not expl	ain below)	
SIGNED BY:	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Acts of 2004, sign	ned by the building i	nspector and the head	e certificate required be d of the fire department required by Chapter 11	it for the above named
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved exp	nloin)			
(11 disapproved exp	piaiii)			
			-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 110600022		CITY OR TOWN SHELBU	JRNE
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: HAGER'S I	FARM MARKET LLC		
DOING BUSINESS A HAGER'S	FARM MARKET		
ADDRESS 1232 MOHAWK TRA	AIL		
CITY/TOWN: SHELBURNE	STATE: MA	ZIP CODE: 01370	
MANAGER: STEVENS, KIM	M. TYPE OF LICENSE: Pac	ckage Store CATEGORY	7: Wine and Malt Regular
EMAIL ADDRESS:			
	IT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED I			
ONE STORY BUILDING WITH THE REAR FOR EMPLOYEE U			USEIN
=	ted with all laws of the Compen for business (If not expl	nonwealth relating to taxes; and ain below)	d
SIGNED BY: Individual,	Partner or Authorized Corpo	orate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:110600023	CITY OR TOWN SHELDURNE				
APPLICATION FOR	RENEWAL:	Annual	LICE	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME:	CHRISTIAN J KI	NG				
DOING BUSINESS	A MOCHA MAYA	A'S COFFEE COMPA	NY			
ADDRESS 47 BRID	GE ST					
CITY/TOWN: SHE	LBURNE	STATE: MA	ZIP CODE:	01370		
MANAGER: KINC	, CHRISTIAN TY	PE OF LICENSE: Ger pre	neral on mise	CATEGORY:	All Alcohol	
EMAIL ADDRESS:	-	-				
I	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS			
DESCRIPTION OF I						
		ONT ENT, BACK EX	IT			
I hereby certify and s	_					
		f the same type for the	•			
	-	h all laws of the Comn	`	g to taxes; and		
3. the premis	es are now open for	r business (If not expla	in below)			
SIGNED BY:	T 1 1 1 1 D 4	A .1 . 1.0	0.55			
	Individual, Partne	er or Authorized Corpo	orate Officer			
DATE						
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
			(Note: <u>NOT</u>	murviduai Sociai S	security Number)	
		e in possession (1) the				
		nspector and the head r liability insurance re				
	crimeate of fiquor	mability insurance is				
Please Check Below: APPROVED:			LOCAL LICENSING AUTHORITY			
DISAPPROVED:			By:			
(If disapproved expla	in)					
	•					
DATE:						